

4 on 4 Youth Basketball Tournament

Veteran's Day • Monday, November 11, 2013

9:00am–3:00pm At The Clark Sports Center In Cooperstown, New York

Please print clearly and legibly • Please fill out registration form and waiver form completely and mail to The Clark Sports Center, P.O. Box 850, Cooperstown, NY, 13326 or fax to (607) 547-4100 • Questions? Call us at (607) 547-2800

Cost per player: \$3 for members, \$6 for non-members • Registration deadline: November 4th

Team Name (25 letters or less)

Team Grade Level (Please choose and **check only one**; Each team **must have** 2 girls and 2 boys)

There is a maximum of 6 teams allowed per grade level.

5 & 6 Grade 7 & 8 Grade 9–12 Grade

Player One • Team Captain (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

 Member Non-member

Address

Gender

 Male Female

Grade

City

State

Zip Code

Phone

Signature • By signing, you agree that your information is correct.

Player Two (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

 Member Non-member

Address

Gender

 Male Female

Grade

City

State

Zip Code

Phone

Signature • By signing, you agree that your information is correct.

Player Three (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

 Member Non-member

Address

Gender

 Male Female

Grade

City

State

Zip Code

Phone

Signature • By signing, you agree that your information is correct.

Player Four (Please fill out all information clearly and accurately)

First Name

Date Of Birth

Last Name

Age (At time of tournament date)

 Member Non-member

Address

Gender

 Male Female

Grade

City

State

Zip Code

Phone

Signature • By signing, you agree that your information is correct.

Payment Method

Cash or Check Enclosed (Please make checks payable to The Clark Sports Center.)

Cost per player: \$3 for members, \$6 for non-members

Payment must be turned in as a team to Scott Whiteman

Players

Member

Non-member

Total

Name: _____

\$ _____

Name: _____

\$ _____

Name: _____

\$ _____

Name: _____

\$ _____

Total Paid: _____